

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3	1					
4		1				
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	2					
15	3					
16	2					
17	1					
18	1					
19	2					
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50						
TOTAL IND.	1					
TOTAL DEP.	53	←	→	→		
TOTAL CLAIMS	54	████	████	████	████	████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		↓	→	→	→	→
TOTAL CLAIMS		████	████	████	████	████